



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0152



ANNE H. JORDAN
COMMISSIONER

JAY BRADSHAW
DIRECTOR

AUTHORIZED SERVICE REPRESENTATIVE FORM

Please complete this form by listing the names and telephone numbers of your Service Director, Assistant Service Director and up to two additional authorized service representatives and **mail** the completed form to Maine EMS. Please print legibly.

Name of Service: _____

Service Number: _____ **Date:** _____

SERVICE DIRECTOR (Primary Contact): _____

Daytime Telephone: _____ Nighttime Telephone: _____

ASSISTANT SERVICE DIRECTOR: _____

Daytime Telephone: _____ Nighttime Telephone: _____

AUTHORIZED SERVICE REPRESENTATIVE: _____

Daytime Telephone: _____ Nighttime Telephone: _____

AUTHORIZED SERVICE REPRESENTATIVE: _____

Daytime Telephone: _____ Nighttime Telephone: _____

NEW MAILING ADDRESS

NEW SHIPPING ADDRESS

I certify that the personnel listed above are Authorized Representatives of the service named herein, and that I am authorized by that service to amend the authorized representative list and the service mailing and shipping addresses. I understand that this document will supersede any and all Authorize Service Representative lists for the service.

Service Director Signature

Print Name

Date